

## COLLECTION REFERRAL TRANSMITTAL

Person Preparing  
Referral \_\_\_\_\_ (Your Name)  
Telephone no.: \_\_\_\_\_ (Your Telephone)

[illegible]

DEPARTMENT OF COLLECTIONS  
437 Hall of Administration  
500 W. Temple St.  
Los Angeles, CA 90012

(Retain Copy 3 for your records)

**FOR DEPARTMENT OF COLLECTIONS USE ONLY**

Total Amount \$	Date	Amount \$
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